REQUEST FOR PROPOSAL
Addendum # 2

Department Of Executive Services
Finance and Business Operations Division
Procurement and Contract Services Section
206-684-1681   TTY RELAY: 711

King County

DATE ISSUED: January 11, 2005

RFP Title:	**Electronic Health Record Management System (EHR)**
Requesting Dept./ Div.:	**Seattle – King County Department of Public Health**
RFP Number:	**102-05RLD**
Revised Due Date:	**January 25, 2005 - 2:00 P.M.**
Buyer:	Roy L. Dodman, _roy.dodman@metrokc.gov_ (206) 263-4266

This addendum is issued to revised the original Request for Proposal, dated December 23, 2004 as follows:

1.   The proposal opening date remains the same as changed via Addendum 1: **Tuesday, January 25, 2005** no later than 2:00 p.m. exactly.

2.   Note: A third addendum with additional questions and responses is anticipated to be issued shortly.

The following information is provided in response to questions received:

Q1.   How many workstations will be required? .

A1:   A range of 100-140 for JHS. We expect to work with the vendor to develop the "right" configuration.

Q2.   How many concurrent users (maximum users at one time) will be on the system?

A2:   _50 clinical users for JHS. We will have administrative needs that might be met through access to the data repository._

TO BE ELIGIBLE FOR AWARD OF A CONTRACT, THIS ADDEMDUM MUST BE SIGNED AND SUBMITTED TO KING COUNTY

Sealed proposals will only be received by:
King County Procurement Services Section, Exchange Building, 8th floor, 821 Second Avenue, Seattle, WA 98104-1598. Office hours: 8:00 a.m. - 5:00 p.m., Monday – Friday

Company Name

Address	City / State / Postal Code
Signature	Authorized Representative/Title
Email	Phone	Fax

This Request for Proposal – Addendum will be provided in alternative formats such as Braille, large print, audiocassette or computer disk for individuals with disabilities upon request.

Q3:   For the training plan we will require to know: How many individuals will be trained, as well as their roles and functions?

A3:   *Current JHS FTE totals are:*

	KCCF	RJC
Administration	10	1
Clinical Support	20	7
Dental	1	1
DIS staff	6	0
Medical	6	3
Mental Health	12	1
Nursing	52	23
Nursing Supervision	3	3
Pharmacy	8	0
Public Health Nurse	2	1
TOTAL	120	40

Q4:   Is there more than one site, if yes then how many sites?

A4:   *2 JHS sites: King County Correctional Facility (KCCF) in Seattle and the Regional Justice Center (RJC) in Kent.*

Q5:   How many people to be trained at each site?

A5:   *Approximately 100 at KCCF; 60 at RJC.*

Q6:   Over what traveling distance?

A6:   *About 20 miles / 30 minutes travel.*

Q7:   Also, will every one of these individuals require a workstation?

A7:   *No.*

Q8:   printer?

A8:   *No.*

Q9:   If not, how many of each of these devices will be required?

A9:   A range of 100-140 for JHS. *We expect to work with the vendor to develop the "right" configuration.*

Q10:   Will any of these people require a "tablet" or portable computer?

A10:   *Yes.*

Q11:   If so how many?

A11:   *We don't know. We expect to work with the vendor to develop the "right" configuration.*

Q12:   Will the use of existing equipment be permitted?

A12:   *Answer: Yes, this is highly desirable.*

Q13:   Does the facility have high-speed internet access?

A13:   *Yes.*

Q14: Which Pharmacy do you use?

A14: *Public Health has its own Pharmacy. There are currently two pharmacy sites in Jail Health Services (i.e. 1 Pharmacy at each jail site). It is possible that the Kent Pharmacy may be consolidated into the Seattle Pharmacy in the future. We are currently using the FSI Pharmacy system. We prefer to replace this system with an integrated "module" from the EHR vendor. A less desirable approach would be to interface between the EHR system and FSI.*

Q15: Which Jail Management System do you use?

A15: *King County Corrections uses a "home grown" system referred to as XKMS. We currently do not have detail specification for this interface but will be developing them in "partnership" with the EHR vendor and Corrections. Also, refer to Answer #20.*

Q16: What is the total number of users for the EHR system?

A16: *Approximately 100 at site 1; 60 at site 2.*

Q17: What is the total number of client workstations that will require access to the EHR client application?

A17: *Refer to Answer #5.*

Q18: Will the County accept a Train-the-Trainer approach for training? If so, how many users will participate in the Train-the-Trainer program?

A18: *YES, this is our preferred approach. We expect to work with the vendor to identify the "right" number of trainers. We currently have identified the need for a primary and secondary Systems Administrator. Additionally, we have formed a Super User Team of providers. Our thought is some of these individuals would become "application certified" and fill the "train-the-trainer" role and be front line support during go-live.*

Q19: How many users will require system administration training?

A19: *Our thought is 2-3, which includes backup in case of leave.*

Q20: Please provide the following information about the DAJD system:

   a. Is this system provided by a third-party vendor or developed through in-house resources? If provided by a third-party vendor, who is that vendor?
   b. Please describe the DAJD database and operating system configuration.
   c. Please describe the DAJD network environment.
   d. Will the EHR reside on the same network?
   e. What specific data elements do you anticipate transferring to and from this application? What is the field size and format of each data element?

A20: *Our expectation is to form joint (including EHR vendor staff, the host vendor staff, PH/JHS staff, others as required) Interface Team(s) to define the detail interface specifications. Once agreed upon, the actual cost of the interface will be negotiated and incorporated into the contract.*

Our approach to all interfaces is as follows:

- *HL7 interfaces are preferred. "Proprietary" interfaces will be considered but are the exception.*

- *When our host system (in this case DAJD) does not have an HL7 interface available, we will re-construct and translate the transaction at our interface engine into an HL7 format (and visa versa if a bi-directional interface is required) that is acceptable to the EHR. The EHR vendor should always expect to receive/send data in HL7 format.*

- *The EHR vendor should indicate if they have implemented the interface with another customer or are willing to develop the interface with PH/JHS, the interface type (i.e. HL7 or Proprietary), and the "estimated cost" of the interface.*

- *The interface with Corrections (DAJD) is required at implementation.*

- *Dynacare provides the vast majority of la services for both JHS and to the PH clinics. Dynacare was recently purchased by Labcorps but retains a separate information system. This is a required interface at implementation.*

- *The interface(s) with our FSI pharmacy system would be required at implementation if the EHR doesn't provide an integrated Pharmacy module.*

- *All other interfaces are optional at implementation.*

Q21: Please provide the following information about the King County Mental Health System:

    a.   Is this system provided by a third-party vendor or developed through in-house resources? If provided by a third-party vendor, who is that vendor?
    b.   Please describe the database and operating system configuration.
    c.   Please describe the network environment.
    d.   Will the EHR reside on the same network?
    e.   What specific data elements do you anticipate transferring to and from this application? What is the field size and format of each data element?

A21:   Refer to Answer 20.

Q22: Please provide the following information about the Washington Child Profile System:

    a.   Is this system provided by a third-party vendor or developed through in-house resources? If provided by a third-party vendor, who is that vendor?
    b.   Please describe the database and operating system configuration.
    c.   Please describe the network environment.
    d.   Is this interface required as a part of the Jail Health Services implementation?
    e.   What specific data elements do you anticipate transferring to and from this application? What is the field size and format of each data element?

A22:   Refer to Answer 20.

Q23: Please provide the following information about the Public Health Parent Child Health Track System:

    a.   Is this system provided by a third-party vendor or developed through in-house resources? If provided by a third-party vendor, who is that vendor?
    b.   Please describe the database and operating system configuration.
    c.   Please describe the network environment.
    d.   Is this interface required as a part of the Jail Health Services implementation?
    e.   What specific data elements do you anticipate transferring to and from this application? What is the field size and format of each data element?

A23:   Refer to Answer 20.

Q24: Please provide the following information about the business/financial accounting modules:

    a.   Is this system provided by a third-party vendor or developed through in-house resources? If provided by a third-party vendor, who is that vendor?
    b.   Please describe the database and operating system configuration.
    c.   Please describe the network environment.
    d.   Will the EHR reside on the same network?
    e.   What specific data elements do you anticipate transferring to and from this application? What is the field size and format of each data element?

A24:   Refer to Answer 20.

Q25: Please provide the following information about the SKCDPH Billing System:

a. Is this system provided by a third-party vendor or developed through in-house resources? If provided by a third-party vendor, who is that vendor?
b. Please describe the database and operating system configuration.
c. Please describe the network environment.
d. Will the EHR reside on the same network?
e. What specific data elements do you anticipate transferring to and from this application? What is the field size and format of each data element?

A25: Refer to Answer 20.

Q26: Please provide the following information about the LAB, Pharmacy, and Radiology systems:

a. Are these system provided by a third-party vendor or developed through in-house resources?
b. Please describe the database and operating system configuration.
c. Please describe the network environment.
d. Will the EHR reside on the same network?
e. Can these systems support an HL7 interface?
f. What specific data elements do you anticipate transferring to and from this application? What is the field size and format of each data element?

A26: Refer to Answer 20.

Q27: Does the County desire the EHR system to include a pharmacy services provider or simply interface to an existing pharmacy services provider?

A27:   We are currently using FSI Pharmacy system. We prefer to replace this system with an integrated "module" from the EHR vendor. A less desirable approach would be to interface between the EHR system and FSI.

Q28: If the County desires an interface to an existing pharmacy services provider, does that provider have an existing pharmacy software application to which the EHR will interface? Please clarify if there is more than one pharmacy vendor for this purpose i.e. Harborview Medical Center pharmacy system and Public Health's current FSI system.

A28: We are currently using the FSI Pharmacy system. We prefer to replace this system with an integrated "module" from the EHR vendor. A less desirable approach would be to interface between the EHR system and FSI.

Q29: Does the County have an existing document imaging system for use with the EHR? If so, please provide details of this system configuration. If not, does the County wish to have the EHR vendor provide a document imaging system as part of this proposal?

A29: The County does not have a document imaging system. The EHR vendor must supply an integrated document imaging product with the EHR.

Q30: Is King County willing to consider a product versus custom approach if they are provided the ability to provide input into upcoming product release features and functionality?

A30: A Standard Product release approach.

Q31: Please elaborate on the Intake, Transfer, Release requirement #5: 'Ability to interface with Signature system…'. Is this assumed to be part of the vendor supplied system or a third party identification search i.e. biometrics identification system?

A31: *Refer to Answer 20.*

Q32: Please clarify General System Requirement #9 Integrated e-mail. Items c & d refer to the ability for patient to enter data on line and communicated with provider by email. Is it desired for patients of DAJD to have limited access to their EHR via an online utility?

A32: This is a Public Health requirement.

Q33: Would you please list the Public Health sites, # of providers by type (Physician, Advanced Registered Nurse Practitioner (ARNP), Psychiatrist, Dentist, Dental Assistant, Pharmacist, Pharmacist Assistant, Psychiatric Evaluation Specialist, Nursing Supervisor, Charge Nurse, Public Health Nurse, Registered Nurse, Licensed Practical Nurse, Social Worker, Disease Intervention Specialist, Medical Records staff, and Administrative staff), the services provided at each site and the number of workstations required at each site? This would be a great help in designing a system that incorporated both the Jail and Public Health requirements.

A33: Current Public Health FTE totals are:

	Auburn	Federal Way	Kent	North Shore	Renton	White Center	Downtown	East Gate	Columbia	North
RN	3	3	2	2	3	2	3	3	5	3
PH Nurse	13	13	13	7	14	11	8	15	15	15
Nurse Practitioner	2	2	2	2	2	2	2	3	2	5
Physician	0	0	0	0	0	0	6	5	5	2
Health Care Asst	6	6	6	4	5	5	8	10	12	12
Administration	12	12	12	10	12	10	10	16	16	16
MSW	3	3	3	1	2	4	2	2	2	2
Nutritionist	2	2	2	2	2	2	3	3	3	3
Site Manager	1	1	1	1	1	1	1	1	1	1
Clinical Support	1	1	1	1	1	1	1	1	1	1
Admin. Support	1	1	1	1	1	1	1	1	1	1
Dental Support	0	0	0	0	0	0	1	1	1	1
Interpreters	4	4	4	2	4	4	5	5	4	4
Application Worker	2	2	1	1	1	3	1	2	2	1
Dentist	0	0	0	0	0	0	2	2	2	2
Dentist Assistant	0	0	0	0	0	0	4	4	4	4
Ed. Consultant	1	1	1	1	1	1	1	1	1	1
TOTAL	51	51	43	34	49	49	54	76	78	75

Q34: The interfaces broke into 2 major groups: Jail and public health. Would you please list the interface for each additional system that you would like pricing on in this RFP for the Jail and separately for the public health?   Describe the interface format and what information you expect to be transferred and the frequency of updates.

a.   DAJD (XKMS): inmate demographics.
b.   Signature: Billing System & Demographics.
c.   Rx (FSI): Pharmacy system.
d.   Harborview Radiology: Orders, Scheduling, Results, PACS
e.   MLAB Laboratory: Orders, Scheduling, Results
f.   KC Data Warehouse
g.   Referrals to external organizations
h.   Dynacare lab system: lab orders and results

A34: *Refer to Answer 20.*

Q35: Regarding Page 52, 5. Ability to capture and access payor lists of referrals requiring prior authorization; What does this relate to? Is this third party insurance?

A35: *Yes.*

Q36: Regarding Page 52, 7. Ability to capture data on referrals to Public Health programs from other Public Health programs or from other entities and to track the status and disposition of these referrals to closure; Are all the Public Health programs inside the scope of the King County 14 sites?

A36: Yes.

Q37: Regarding Page 54, Transfers: Is this between the 2 jail facilities? Wouldn't this be managed in the Jail offender management system?

A37: Refer to answer 51

Q38: Of critical importance to our response is the information regarding technology mandatories / standards. The RFP Document repeatedly specifies SQL-Server / .NET standards. It was unclear yesterday whether or not this is mandatory considering an ASP preferred approach, and it would be very helpful to hear what your technology department has to say. Also, the Openlink standard with no vendor proprietary interface allowable is something that I would like to have clarified, if possible.

A38: The IT Standards are not mandatory. The vendor should respond to (i.e. score) the requirement according to the RFP instructions. That is, if the Vendor standard matches the Counties a score of 2 should be recorded. If it does not match the Counties, a score of 1 should be recorded and the Vendor should identify what their standard is in the comments area.

Q39: Is there technical buy-in to this project, i.e. Is there County IT support for a COTS solution, an ASP solution?

A39: YES, an ASP solution is preferred.

Q40: Has the County seen any vendor packages previously in a pre-sales capacity, i.e. Product demonstrations, etc. and if so, who are they?

A40: Yes. We saw several product demonstrations at the NCCHC conference.

Q41: Can we be given additional time to respond? Can the same "extension" apply to the document return date?

A41: Refer to Addendum 1.

Q42: Information on existing systems mentioned in the document require more detailed information. Can we be provided the name of the vendor for each application, name of the application, version of the application, and the ability of the application to send and receive standard HL7 transactions.

- King County Mental Health
- Harborview Health Information System, ADT, Patient Management,
- Radiology, Lab, Pharmacy, PACS,
- DAJD System

A42: Refer to Answer 20.

Q43: Can you please provide assumptions that these systems will be INTERFACED via Open link?

A43: Yes.

Q44: Section 2.2.6 Indicates ASP delivery only? Will vendors be required to submit proposals for ASP only?

A44: ASP model is highly desired. We will consider other approaches.

Q45: What is the current breakdown of staff at each facility by provider type (i.e. How many nurses, MDs, techs, pharmacists, etc).

A45: Refer to Answer 3.

Q46: Interfaces to a number of systems are mentioned. Please provide:

a.   Name of each foreign system? Maker? Technical Contact?

      b.   System architecture (which database does it use, what kind of client on the front end, etc.)?

      c.   Is it HL7 compliant?

      d.   Are uni-directional or bi-directional interfaces desired?

      e.   Priority of each interface in the overall scheme of implementation

A46:   *Refer to Answer 20.*

Q47:   Does King County plan on buying the client PC hardware and peripherals for the system? If not, we need an estimate of the number of PCs and peripherals needed.

A47:   *Yes.*